

Building & Permitting

490 3RD ST NW

863-291-5695

M-F 8AM - 5PM

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Project Name: _____

Parcel Tax ID: _____

Services to be provided: **Plans Review** _____ **and/or Inspections** _____

Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) of the Florida Statutes.

If private provider plan review is performed all required inspections must also be performed by the private provider as well

I _____, the fee owner/fee owner's contractor, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

Florida License, Registration or Certificate #: _____

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected.

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Pursuant to the standards established by ss. 553.791(9) and 553.791(19) of the Florida Statutes, I acknowledge and agree that the City of Winter Haven Building Official may visit the building site as often as necessary to verify that the private provider is performing all required inspections and/or to audit the performance of the building code inspection services performed by private providers operating within the City of Winter Haven, Florida.

If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change or within 2 business days before the next schedule inspection, update this notice to reflect such changes.

Notwithstanding the provisions of s. 553.791(20) of the Florida Statutes, I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building and/or site work (as defined by s. 553.791, FS (2021)) which are the subject of the enclosed permit application.

The following attachments are provided as required:

1. Qualification statements, resume and a copy of the Private Provider license(s) required by Part XII of Chapter 468 of the Florida Statutes, Chapter 471 of the Florida Statutes, and/or Chapter 481 of the Florida Statutes.
2. Duly Authorized Representative Employment Affidavit.
3. Copies of the Duly Authorized Representative's license(s) and/or certification(s) required by Section 553.791(3) of the Florida Statutes.
4. Private Provider Plan Compliance Affidavit.
5. Pursuant to Section 553.791(17) of the Florida Statutes, as may be amended, proof of insurance for professional and comprehensive liability covering all services performed, as follows:

A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

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(Complete Section Below)

INDIVIDUAL

CORPORATION

PARTNERSHIP

Name: _____

Address: _____

Phone: _____

Signature: _____ Printed: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC